

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0011	I	FROM 4/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 3/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 8/17/2008 TIME 16:11

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
HERRIN HOSPITAL 14-0011

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2007 AND ENDING 3/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.


OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Controller

TITLE

August 18, 2008

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	-3,173	-399,792	0	
2 SUBPROVIDER	0	85,388	0	0	
100 TOTAL	0	82,215	-399,792	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
I 14-0011 I FROM 4/ 1/2007 I WORKSHEET S-2
I I TO 3/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 201 S. 14TH ST
1.01 CITY: HERRINP.O. BOX:
STATE: IL ZIP CODE: 62948- COUNTY: WILLIAMSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	HERRIN HOSPITAL	14-0011	2.01	7/ 1/1966	V XVIII XIX
03.00 SUBPROVIDER	HERRIN HOSPITAL REHAB UNIT	14-T011		4/ 1/1998	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2007 TO: 3/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
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I I TO 3/31/2008 I

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?				

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
I 14-0011 I FROM 4/ 1/2007 I WORKSHEET S-2
I I TO 3/31/2008 I

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 14H124
 40.01 NAME: SO ILL HEALTHCARE FI/CONTRACTOR NAME NATIONAL GVT SVCS FI/CONTRACTOR # 00131
 40.02 STREET: 1239 E MAIN ST P.O. BOX: 3988
 40.03 CITY: CARBONDALE STATE: IL ZIP CODE: 62902 3988

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1

53.01 MDH PERIOD: BEGINNING: 4/ 1/2007 ENDING: 3/31/2008

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 1,268,051
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N N 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED	8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET	S-3
I	I TO 3/31/2008	I PART	I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	57	20,862			11,200		923
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	57	20,862			11,200		923
6	INTENSIVE CARE UNIT	8	2,928			1,305		148
12	TOTAL	65	23,790			12,505		1,071
13	RPCH VISITS							
14	SUBPROVIDER	29	10,614			6,029		491
25	TOTAL	94						
26	OBSERVATION BED DAYS							292
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			15,495				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			15,495				
6	INTENSIVE CARE UNIT			2,064				
12	TOTAL			17,559				
13	RPCH VISITS							
14	SUBPROVIDER			8,234				
25	TOTAL							
26	OBSERVATION BED DAYS	13	279	1,571	48	1,523		
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					2,639	295	4,092
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
12	TOTAL		538.09			2,639	295	4,092
13	RPCH VISITS							
14	SUBPROVIDER		42.17			525	34	695
25	TOTAL		580.26					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET S-3
 I I TO 3/31/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	25,457,641		25,457,641	1,206,969.34	21.09	
3	NON-PHYSICIAN ANESTHETIST PART A	915,190		915,190	10,096.00	90.65	
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B	159,809		159,809	3,963.31	40.32	
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	1,787,018	32,849	1,819,867	88,746.71	20.51	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	1,415,297		1,415,297	32,174.92	43.99	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	80,000		80,000	665.00	120.30	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	4,747,280		4,747,280	158,001.74	30.05	
12.01	HOME OFFICE: PHYS PART A TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	6,004,162		6,004,162			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	484,297		484,297			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B	243,547		243,547			CMS 339
18.01	PHYSICIAN PART A						CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B	42,692		42,692			CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC) INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	421,172		421,172	18,620.61	22.62	
22.01	ADMINISTRATIVE & GENERAL	2,019,969		2,019,969	60,874.38	33.18	
23	A & G UNDER CONTRACT						
24	MAINTENANCE & REPAIRS	485,893		485,893	25,595.35	18.98	
25	OPERATION OF PLANT						
26	LAUNDRY & LINEN SERVICE	43,708		43,708	3,846.51	11.36	
26.01	HOUSEKEEPING	627,920		627,920	58,285.32	10.77	
27	HOUSEKEEPING UNDER CONTRACT						
27.01	DIETARY	732,189	-341,587	390,602	28,867.09	13.53	
28	DIETARY UNDER CONTRACT						
29	CAFETERIA		341,587	341,587	25,241.79	13.53	
30	MAINTENANCE OF PERSONNEL						
31	NURSING ADMINISTRATION	1,035,670	-32,849	1,002,821	38,692.39	25.92	
32	CENTRAL SERVICE AND SUPPLY	137,009		137,009	10,509.13	13.04	
33	PHARMACY						
34	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	280,739		280,739	22,662.90	12.39	
35	SOCIAL SERVICE	75,931		75,931	3,269.13	23.23	
	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	24,382,642		24,382,642	1,192,910.03	20.44	
2	EXCLUDED AREA SALARIES	1,787,018	32,849	1,819,867	88,746.71	20.51	
3	SUBTOTAL SALARIES	22,595,624	-32,849	22,562,775	1,104,163.32	20.43	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	6,242,577		6,242,577	190,841.66	32.71	
5	SUBTOTAL WAGE-RELATED COSTS	6,004,162		6,004,162		26.61	
6	TOTAL	34,842,363	-32,849	34,809,514	1,295,004.98	26.88	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	5,860,200	-32,849	5,827,351	296,464.60	19.66	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 14-0011 PERIOD: FROM 4/ 1/2007 TO 3/31/2008
 PREPARED 8/17/2008 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES 2,025,730

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 18,490

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS 72,732

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 2,116,952

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 71,117

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .357568

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 25,429

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 14,648,869

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET S-10
 I I TO 3/31/2008 I
 I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,237,967
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,272,809
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	812,684
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,263,396

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0011
II PERIOD:
I FROM 4/ 1/2007
I TO 3/31/2008I PREPARED 8/17/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		4,361,076	4,361,076	-3,529,416	831,660
1.01 0101	OLD CAP REL COSTS-NEW BUILDING				489,555	489,555
1.02 0102	OLD CAP REL COSTS-NEW ADDITION				403,843	403,843
2 0200	OLD CAP REL COSTS-MVBLE EQUIP				117,696	117,696
3 0300	NEW CAP REL COSTS-BLDG & FIXT				10,467	10,467
3.01 0301	NEW CAP REL COSTS-NEW BUILDING				70,406	70,406
3.02 0302	NEW CAP REL COSTS-NEW ADDITION				2,077,382	2,077,382
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				2,357,430	2,357,430
5 0500	EMPLOYEE BENEFITS	421,172	7,741,431	8,162,603	-253,552	7,909,051
6.01 0610	NONPATIENT TELEPHONES		116,790	116,790		116,790
6.02 0620	DATA PROCESSING					
6.03 0630	PURCHASING, RECEIVING AND STORES		85,293	85,293		85,293
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	602,075	63,557	665,632		665,632
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	1,417,894	4,523,398	5,941,292	-39,192	5,902,100
7 0700	MAINTENANCE & REPAIRS	485,893	1,194,756	1,680,649		1,680,649
9 0900	LAUNDRY & LINEN SERVICE	43,708	310,422	354,130		354,130
10 1000	HOUSEKEEPING	627,920	138,903	766,823		766,823
11 1100	DIETARY	732,189	548,476	1,280,665	-597,467	683,198
12 1200	CAFETERIA				597,467	597,467
14 1400	NURSING ADMINISTRATION	1,035,670	65,245	1,100,915	-37,353	1,063,562
15 1500	CENTRAL SERVICES & SUPPLY	137,009	165,663	302,672	-4,166	298,506
17 1700	MEDICAL RECORDS & LIBRARY	280,739	-144,542	136,197		136,197
18 1800	SOCIAL SERVICE	75,931	2,276	78,207		78,207
20 2000	NONPHYSICIAN ANESTHETISTS				1,205,372	1,205,372
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	4,199,219	1,295,835	5,495,054	-3,487	5,491,567
26 2600	INTENSIVE CARE UNIT	1,064,594	582,461	1,647,055	-1,774	1,645,281
31 3100	SUBPROVIDER	1,787,018	2,111,794	3,898,812	-1,337	3,897,475
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,667,083	3,608,463	5,275,546	-2,081,583	3,193,963
38 3800	RECOVERY ROOM	149,927	47,747	197,674	-7,359	190,315
40 4000	ANESTHESIOLOGY	915,190	140,508	1,055,698	-970,256	85,442
41 4100	RADIOLOGY-DIAGNOSTIC	2,126,466	1,496,310	3,622,776	-8,529	3,614,247
42 4200	RADIOLOGY-THERAPEUTIC	221,426	240,261	461,687	-150	461,537
43 4300	RADIOISOTOPE	304,886	890,469	1,195,355		1,195,355
44 4400	LABORATORY	968,475	1,821,357	2,789,832	-30,429	2,759,403
49 4900	RESPIRATORY THERAPY	1,203,718	249,315	1,453,033	-64,852	1,388,181
50 5000	PHYSICAL THERAPY	2,124,281	556,045	2,680,326	-60	2,680,266
53 5300	ELECTROCARDIOLOGY	134,190	112,159	246,349	-36	246,313
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,228,423	2,228,423
56 5600	DRUGS CHARGED TO PATIENTS	965,717	2,848,403	3,814,120		3,814,120
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	132,613	36,193	168,806	-177	168,629
61 6100	EMERGENCY	1,632,638	1,605,041	3,237,679	-6,048	3,231,631
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		2,131,669	2,131,669	-1,958,171	173,498
95 9500	SUBTOTALS	25,457,641	38,946,774	64,404,415	-37,353	64,367,062
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES		14,802	14,802		14,802
98.01 9801	COMMUNITY EDUCATION				37,353	37,353
98.02 9802	VACANT BUILDINGS					
101	TOTAL	25,457,641	38,961,576	64,419,217	-0-	64,419,217

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0011
II PERIOD:
I FROM 4/ 1/2007
I TO 3/31/2008I PREPARED 8/17/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	51,638	883,298
1.01 0101	OLD CAP REL COSTS-NEW BUILDING	47,563	537,118
1.02 0102	OLD CAP REL COSTS-NEW ADDITION	145,976	549,819
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	64,368	182,064
3 0300	NEW CAP REL COSTS-BLDG & FIXT	145,056	155,523
3.01 0301	NEW CAP REL COSTS-NEW BUILDING	824	71,230
3.02 0302	NEW CAP REL COSTS-NEW ADDITION	194,240	2,271,622
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,273,229	3,630,659
5 0500	EMPLOYEE BENEFITS	551,880	8,460,931
6.01 0610	NONPATIENT TELEPHONES	-13,396	103,394
6.02 0620	DATA PROCESSING	1,353,361	1,353,361
6.03 0630	PURCHASING, RECEIVING AND STORES	-9,354	75,939
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	1,411,858	2,077,490
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	1,927,897	7,829,997
7 0700	MAINTENANCE & REPAIRS	-108	1,680,541
9 0900	LAUNDRY & LINEN SERVICE		354,130
10 1000	HOUSEKEEPING		766,823
11 1100	DIETARY		683,198
12 1200	CAFETERIA	-152,256	445,211
14 1400	NURSING ADMINISTRATION		1,063,562
15 1500	CENTRAL SERVICES & SUPPLY		298,506
17 1700	MEDICAL RECORDS & LIBRARY	-70,383	65,814
18 1800	SOCIAL SERVICE		78,207
20 2000	NONPHYSICIAN ANESTHETISTS	-1,205,372	
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-6,298	5,485,269
26 2600	INTENSIVE CARE UNIT		1,645,281
31 3100	SUBPROVIDER	-926,836	2,970,639
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		3,193,963
38 3800	RECOVERY ROOM		190,315
40 4000	ANESTHESIOLOGY		85,442
41 4100	RADIOLOGY-DIAGNOSTIC	-1,828	3,612,419
42 4200	RADIOLOGY-THERAPEUTIC		461,537
43 4300	RADIOISOTOPE		1,195,355
44 4400	LABORATORY	-14,640	2,744,763
49 4900	RESPIRATORY THERAPY	-9,154	1,379,027
50 5000	PHYSICAL THERAPY	-302,566	2,377,700
53 5300	ELECTROCARDIOLOGY	-86,876	159,437
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,228,423
56 5600	DRUGS CHARGED TO PATIENTS		3,814,120
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		168,629
61 6100	EMERGENCY	-845,226	2,386,405
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-173,498	-0-
95	SUBTOTALS	3,350,099	67,717,161
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		14,802
98.01 9801	COMMUNITY EDUCATION		37,353
98.02 9802	VACANT BUILDINGS		
101	TOTAL	3,350,099	67,769,316

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140011	FROM 4/ 1/2007	8/17/2008
	TO 3/31/2008	WORKSHEET A-6

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4
	1			OTHER 5
1 INSURANCE RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1	1,427
2		OLD CAP REL COSTS-NEW BUILDING	1.01	750
3		OLD CAP REL COSTS-NEW ADDITION	1.02	2,526
4		NEW CAP REL COSTS-BLDG & FIXT	3	10,467
5		NEW CAP REL COSTS-NEW BUILDING	3.01	5,501
6		NEW CAP REL COSTS-NEW ADDITION	3.02	18,521
7 DEPRECIATION RECLASS	B	OLD CAP REL COSTS-NEW BUILDING	1.01	20,410
8		OLD CAP REL COSTS-NEW ADDITION	1.02	43,363
9		OLD CAP REL COSTS-MVBLE EQUIP	2	10
10		NEW CAP REL COSTS-NEW BUILDING	3.01	63,730
11		NEW CAP REL COSTS-NEW ADDITION	3.02	1,797,249
12		NEW CAP REL COSTS-MVBLE EQUIP	4	2,028,850
13 COMMUNITY EDUCATION RECLASS	C	COMMUNITY EDUCATION	98.01	32,849
14 DIETARY RECLASS	D	CAFETERIA	12	341,587
15 MEDICAL SUPPLIES RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	2,228,423
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30 CRNA COST RECLASS	F	NONPHYSICIAN ANESTHETISTS	20	915,190
31				290,182
32 INTEREST RECLASS	G	OLD CAP REL COSTS-BLDG & FIXT	1	422,769
33		OLD CAP REL COSTS-NEW BUILDING	1.01	468,395
34		NEW CAP REL COSTS-NEW BUILDING	3.01	1,175
35		OLD CAP REL COSTS-NEW ADDITION	1.02	357,954
1				
2				
3				
1 INTEREST RECLASS	G	NEW CAP REL COSTS-NEW ADDITION	3.02	261,612
2		OLD CAP REL COSTS-MVBLE EQUIP	2	117,686
3		NEW CAP REL COSTS-MVBLE EQUIP	4	328,580
36 TOTAL RECLASSIFICATIONS				1,289,626
				8,729,964

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140011	FROM 4/ 1/2007	8/17/2008
	TO 3/31/2008	WORKSHEET A-6

			DECREASE			A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 INSURANCE RECLASS	A	OTHER ADMINISTRATIVE AND GENERAL	6.05		39,192	9
2						9
3						9
4						9
5						9
6						9
7 DEPRECIATION RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1		3,953,612	9
8						9
9						9
10						9
11						9
12						9
13 CMMUNITY EDUCATION RECLASS	C	NURSING ADMINISTRATION	14	32,849	4,504	
14 DIETARY RECLASS	D	DIETARY	11	341,587	255,880	
15 MEDICAL SUPPLIES RECLASS	E	CENTRAL SERVICES & SUPPLY	15		4,166	
16		ADULTS & PEDIATRICS	25		3,487	
17		SUBPROVIDER	31		1,337	
18		OPERATING ROOM	37		2,081,583	
19		RECOVERY ROOM	38		7,359	
20		ANESTHESIOLOGY	40		18,436	
21		RADIOLOGY-DIAGNOSTIC	41		8,529	
22		RADIOLOGY-THERAPEUTIC	42		150	
23		RESPIRATORY THERAPY	49		64,852	
24		EMERGENCY	61		6,048	
25		INTENSIVE CARE UNIT	26		1,774	
26		LABORATORY	44		30,429	
27		CLINIC	60		177	
28		PHYSICAL THERAPY	50		60	
29		ELECTROCARDIOLOGY	53		36	
30 CRNA COST RECLASS	F	ANESTHESIOLOGY	40	915,190	36,630	
31		EMPLOYEE BENEFITS	5		253,552	
32 INTEREST RECLASS	G	INTEREST EXPENSE	88		1,958,171	9
33						9
34						9
35						9
1 INTEREST RECLASS	G					9
2						9
3						9
36 TOTAL RECLASSIFICATIONS				1,289,626	8,729,964	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	473,872					473,872	
2	LAND IMPROVEMENTS	295,115				10,610	284,505	
3	BUILDINGS & FIXTURE	4,093,290				10,461	4,082,829	
4	BUILDING IMPROVEMEN	3,518,021				158,806	3,359,215	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	370,541				39,039	331,502	
7	SUBTOTAL	8,750,839				218,916	8,531,923	
8	RECONCILING ITEMS							
9	TOTAL	8,750,839				218,916	8,531,923	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	2,268,738					2,268,738	
2	LAND IMPROVEMENTS	3,818,443	18,921		18,921	534,217	3,303,147	
3	BUILDINGS & FIXTURE	18,385,974	3,551,129		3,551,129	56,110	21,880,993	
4	BUILDING IMPROVEMEN	15,328,147	945,385		945,385	252,610	16,020,922	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	16,684,000	2,063,056		2,063,056	869,832	17,877,224	
7	SUBTOTAL	56,485,302	6,578,491		6,578,491	1,712,769	61,351,024	
8	RECONCILING ITEMS							
9	TOTAL	56,485,302	6,578,491		6,578,491	1,712,769	61,351,024	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-NE							
1 02	OLD CAP REL COSTS-NE							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	883,298						883,298
1 01	OLD CAP REL COSTS-NE	537,118						537,118
1 02	OLD CAP REL COSTS-NE	549,819						549,819
2	OLD CAP REL COSTS-MV	182,064						182,064
3	NEW CAP REL COSTS-BL	155,523						155,523
3 01	NEW CAP REL COSTS-NE	71,230						71,230
3 02	NEW CAP REL COSTS-NE	2,271,622						2,271,622
4	NEW CAP REL COSTS-MV	3,630,659						3,630,659
5	TOTAL	8,281,333						8,281,333

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	4,361,076						4,361,076
1 01	OLD CAP REL COSTS-NE							
1 02	OLD CAP REL COSTS-NE							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,361,076						4,361,076

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET A-8
 I I TO 3/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-5,472	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,106,332			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,828	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	8,182,634			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-152,256	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-70,383	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,205,372	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 TELEVISION AND RADIO SERVICES	A	-4,276	NEW CAP REL COSTS-MVBLE E	4	9
38 MISCELLANEOUS	B	-123	OTHER ADMINISTRATIVE AND	6.05	
39 INTEREST INCOME UNRESTRICTED	B	-35,743	OTHER ADMINISTRATIVE AND	6.05	
40 PAYMENTS FOR OUTPATIENT SERVICES	B	-960,507	EMPLOYEE BENEFITS	5	
41 TELEPHONE SERVICES	A	-1,397	NEW CAP REL COSTS-MVBLE E	4	9
42 BOND REVENUE	B	-173,498	INTEREST EXPENSE	88	
43 PERSONAL USE OF PROVIDER VEHICLES	A	-7,233	OTHER ADMINISTRATIVE AND	6.05	
44 PURCHASE DISCOUNT	B	-9,354	PURCHASING, RECEIVING AND	6.03	
45 LOSS ON 1987 BONDS	A	43,157	OLD CAP REL COSTS-BLDG &	1	9
46 LOSS ON 1987 BONDS	A	49,014	OLD CAP REL COSTS-NEW BUI	1.01	9
47 LOSS ON 1987 BONDS	A	145,976	OLD CAP REL COSTS-NEW ADD	1.02	9
48 LOSS ON 1987 BONDS	A	28,088	OLD CAP REL COSTS-MVBLE E	2	9
49 OFFSET LOBBYING EXPENSE	A	-21,644	OTHER ADMINISTRATIVE AND	6.05	
49.01 LOSS ON 1991 BONDS	A	8,481	OLD CAP REL COSTS-BLDG &	1	9
49.02 LOSS ON 1991 BONDS	A	775	OLD CAP REL COSTS-NEW BUI	1.01	9
49.03 LOSS ON 1991 BONDS	A	824	NEW CAP REL COSTS-NEW BUI	3.01	9
49.04 LOSS ON 1991 BONDS	A	194,240	NEW CAP REL COSTS-NEW ADD	3.02	9
49.05 LOSS ON 1991 BONDS	A	36,250	OLD CAP REL COSTS-MVBLE E	2	9
49.06 LOSS ON 1991 BONDS	A	244,060	NEW CAP REL COSTS-MVBLE E	4	9
49.07 MEDICAL RECORD REVENUE	B	-50	PHYSICAL THERAPY	50	
49.08 CABLE TV	A	-216	OTHER ADMINISTRATIVE AND	6.05	
49.09 CABLE TV	A	-108	MAINTENANCE & REPAIRS	7	
49.10 CABLE TV	A	-7,924	NONPATIENT TELEPHONES	6.01	
49.11 DONATIONS	A	-12,868	OTHER ADMINISTRATIVE AND	6.05	
49.12 LEASEHOLD REVENUE	B	-170,837	OTHER ADMINISTRATIVE AND	6.05	
49.13 DEBT FORGIVENESS	A	-539,706	OTHER ADMINISTRATIVE AND	6.05	
49.14 MISCELLANEOUS INCOME	B	-77,601	PHYSICAL THERAPY	50	
49.15 FUNDED DEPRECIATION	A	-2,226	OLD CAP REL COSTS-NEW BUI	1.01	9
49.16 CABLE TV	A	-825	OTHER ADMINISTRATIVE AND	6.05	
49.17 REAL ESTATE TAXES	A	-14,623	OTHER ADMINISTRATIVE AND	6.05	
49.18 TELEPHONE SERVICES	A	-998	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		3,350,099			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32
STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTS

FOR HERRIN HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
I 14-0011 I FROM 4/ 1/2007 I
I I TO 3/31/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	2	OLD CAP REL COSTS-MVBLE E HOME OFFICE EXPENSE	30		30	9
2	3	NEW CAP REL COSTS-BLDG & HOME OFFICE EXPENSE	145,056		145,056	9
3	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE EXPENSE	1,035,840		1,035,840	9
4	5	EMPLOYEE BENEFITS HOME OFFICE EXPENSE	1,512,387		1,512,387	
4.01	6 2	DATA PROCESSING HOME OFFICE EXPENSE	1,353,361		1,353,361	
4.02	6 4	CASHIERING/ACCOUNTS RECEI HOME OFFICE EXPENSE	1,411,858		1,411,858	
4.03	6 5	OTHER ADMINISTRATIVE AND HOME OFFICE EXPENSE	2,731,715		2,731,715	
4.04	50	PHYSICAL THERAPY HOME OFFICE EXPENSE	23,779	31,392	-7,613	
5		TOTALS	8,214,026	31,392	8,182,634	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSP. SVCS.		100.00	
2	B	SO. LL. HEALTHCARE ENTRP.		100.00	
3	B	HEALTH SVCS. OF SO. ILL.		100.00	
4	B	SIH CAYMAN SPC GROUP,LTD.		100.00	
5	B	SOUTHERN IL MEDICAL SVCS		100.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET A-8-2
 I I TO 3/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	DR. MUNIZ	6,298	6,298					
2 44	SO. ILL. PATHOLOGY	81,140	1,140	80,000	208,000	665	66,500	3,325
3 49	DR. DAVIS/ISTANBOULY	21,062		21,062	159,800	155	11,908	595
4 61	LEGATUS	845,226	845,226					
5 31	DR. GLENNON/NEWELL	926,836	926,836					
6 53	DR. PRAMOTE/MUNIZ/PRAIRIE	88,797	86,047	2,750	159,800	25	1,921	96
7 50	DR. CHOW	217,302	217,302					
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,186,661	2,082,849	103,812		845	80,329	4,016

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET A-8-2
 I I TO 3/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	DR. MUNIZ							6,298
2 44	SO. ILL. PATHOLOGY					66,500	13,500	14,640
3 49	DR. DAVIS/ISTANBOULY					11,908	9,154	9,154
4 61	LEGATUS							845,226
5 31	DR. GLENNON/NEWELL							926,836
6 53	DR. PRAMOTE/MUNIZ/PRAIRIE					1,921	829	86,876
7 50	DR. CHOW							217,302
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					80,329	23,483	2,106,332

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BUI
		0	1	1.01	1.02	2	3	3.01
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &	883,298	883,298					
001	02 OLD CAP REL COSTS-NEW BUI	537,118		537,118				
002	01 OLD CAP REL COSTS-NEW ADD	549,819			549,819			
002	02 OLD CAP REL COSTS-MVBLE E	182,064				182,064		
003	NEW CAP REL COSTS-BLDG &	155,523					155,523	
003	01 NEW CAP REL COSTS-NEW BUI	71,230						71,230
003	02 NEW CAP REL COSTS-NEW ADD	2,271,622						
004	NEW CAP REL COSTS-MVBLE E	3,630,659						
005	EMPLOYEE BENEFITS	8,460,931	14,005			872	2,466	
006	01 NONPATIENT TELEPHONES	103,394				264		
006	02 DATA PROCESSING	1,353,361	928		1,156		163	
006	03 PURCHASING, RECEIVING AND	75,939						
006	04 CASHIERING/ACCOUNTS RECEI	2,077,490			8,193	1,462		
006	05 OTHER ADMINISTRATIVE AND	7,829,997	184,714	87,023	124,947	38,490	32,523	11,541
007	MAINTENANCE & REPAIRS	1,680,541	129,395	57,817	43,804	18,991	22,783	7,667
009	LAUNDRY & LINEN SERVICE	354,130						
010	HOUSEKEEPING	766,823	27,409	496	434	1,812	4,826	66
011	DIETARY	683,198	44,055		972	2,918	7,757	
012	CAFETERIA	445,211	22,713			1,415	3,999	
014	NURSING ADMINISTRATION	1,063,562	11,264	5,286	4,047	1,708	1,983	701
015	CENTRAL SERVICES & SUPPLY	298,506	43,555			2,713	7,669	
017	MEDICAL RECORDS & LIBRARY	65,814	41,542			2,588	7,314	
018	SOCIAL SERVICE	78,207	1,984			124	349	
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	5,485,269	61,129	211,327	71,009	27,858	10,763	28,024
026	INTENSIVE CARE UNIT	1,645,281			21,419	3,822		
031	SUBPROVIDER	2,970,639	218,163		21,050	17,347	38,412	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,193,963			76,321	13,620		
038	RECOVERY ROOM	190,315			5,676	1,013		
040	ANESTHESIOLOGY	85,442						
041	RADIOLOGY-DIAGNOSTIC	3,612,419			53,307	9,513		
042	RADIOLOGY-THERAPEUTIC	461,537			5,078	906		
043	RADIOISOTOPE	1,195,355			7,909	1,411		
044	LABORATORY	2,744,763	2,384	76,318	9,439	5,942	420	10,121
049	RESPIRATORY THERAPY	1,379,027		71,082	10,136	5,636		9,427
050	PHYSICAL THERAPY	2,377,700			35,263	6,293		
053	ELECTROCARDIOLOGY	159,437			877	157		
055	MEDICAL SUPPLIES CHARGED	2,228,423						
056	DRUGS CHARGED TO PATIENTS	3,814,120		27,769		1,495		3,683
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	168,629			3,214	574		
061	EMERGENCY	2,386,405			29,985	5,351		
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	67,717,161	803,240	537,118	534,236	174,295	141,427	71,230
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				4,465	797		
098	PHYSICIANS' PRIVATE OFFIC	14,802						
098	01 COMMUNITY EDUCATION	37,353						
098	02 VACANT BUILDINGS		80,058		11,118	6,972	14,096	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	67,769,316	883,298	537,118	549,819	182,064	155,523	71,230

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	CASHIERING/AC COUNTS RECEI
	3.02	4	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD	2,271,622						
004 NEW CAP REL COSTS-MVBLE E		3,630,659					
005 EMPLOYEE BENEFITS		5,240	8,483,514				
006 01 NONPATIENT TELEPHONES		2,600		106,258			
006 02 DATA PROCESSING	4,777			697	1,361,082		
006 03 PURCHASING, RECEIVING AND		84		523	8,838	85,384	
006 04 CASHIERING/ACCOUNTS RECEI	33,849	11,444	211,751	3,135	110,477	921	2,458,722
006 05 OTHER ADMINISTRATIVE AND	516,236	86,956	498,676	8,535	119,316	4	
007 MAINTENANCE & REPAIRS	180,980	57,809	170,890	4,703	22,095		
009 LAUNDRY & LINEN SERVICE			15,372				
010 HOUSEKEEPING	1,791	36,522	220,841	1,394	4,419		
011 DIETARY	4,015	20,914	137,376	2,613	22,095	24	
012 CAFETERIA		18,287	120,137	174		21	
014 NURSING ADMINISTRATION	16,719	12,990	352,694	3,832	35,353	21	
015 CENTRAL SERVICES & SUPPLY		15,644	48,186	523		2,469	
017 MEDICAL RECORDS & LIBRARY		7,688	98,736	5,574	79,544		
018 SOCIAL SERVICE		272	26,705	523	4,419		
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	293,378	249,480	1,476,885	12,020	106,058	13,746	154,518
026 INTENSIVE CARE UNIT	88,493	78,968	374,420	2,265	35,353	5,428	36,014
031 SUBPROVIDER	86,969	92,817	628,498	8,361	194,443	3,615	146,182
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	315,326	527,750	586,316	7,490	48,610	33,710	215,426
038 RECOVERY ROOM	23,451	9,678	52,730	523	4,419	1,588	14,083
040 ANESTHESIOLOGY		90,301		697		2,389	78,905
041 RADIOLOGY-DIAGNOSTIC	220,244	920,896	747,882	8,361	154,668	551	244,930
042 RADIOLOGY-THERAPEUTIC	20,981	745,194	77,876	1,045		2,012	234,740
043 RADIOISOTOPE	32,675	241,127	107,229	697		622	137,018
044 LABORATORY	38,996	139,101	340,615	5,748	88,382	5,887	383,861
049 RESPIRATORY THERAPY	41,879	113,121	423,350	9,058	75,125	614	77,546
050 PHYSICAL THERAPY	145,690	61,670	747,114	2,613	97,220	614	129,859
053 ELECTROCARDIOLOGY	3,624	19,581	47,195	348	13,257	245	54,699
055 MEDICAL SUPPLIES CHARGED							204,524
056 DRUGS CHARGED TO PATIENTS		11,916	339,645	2,265	39,772	51	200,653
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	13,280	771	46,640	1,045	8,838	592	4,634
061 EMERGENCY	123,886	50,718	574,202	4,877	66,286	10,260	141,130
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,207,239	3,629,539	8,471,961	99,639	1,338,987	85,384	2,458,722
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	18,448			348			
098 PHYSICIANS' PRIVATE OFFIC		1,120		6,271	22,095		
098 01 COMMUNITY EDUCATION			11,553				
098 02 VACANT BUILDINGS	45,935						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,271,622	3,630,659	8,483,514	106,258	1,361,082	85,384	2,458,722

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6a.04	6.05	7	9	10	11	12
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 02 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND	9,538,958	9,538,958					
007 MAINTENANCE & REPAIRS	2,397,475	392,740	2,790,215				
009 LAUNDRY & LINEN SERVICE	369,502	60,530		430,032			
010 HOUSEKEEPING	1,066,833	174,762	41,437		1,283,032		
011 DIETARY	925,937	151,681	66,743		31,153	1,175,514	
012 CAFETERIA	611,957	100,247	32,365		15,107		759,676
014 NURSING ADMINISTRATION	1,510,160	247,385	39,078		18,240		37,692
015 CENTRAL SERVICES & SUPPLY	419,265	68,681	62,064		28,969		5,150
017 MEDICAL RECORDS & LIBRARY	308,800	50,586	59,196		27,631		10,552
018 SOCIAL SERVICE	112,583	18,443	2,828		1,320		2,854
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,201,464	1,343,526	637,204	258,339	297,424	706,183	157,835
026 INTENSIVE CARE UNIT	2,291,463	375,374	87,431	34,412	40,810	94,067	40,014
031 SUBPROVIDER	4,426,496	725,122	396,797	137,281	185,211	375,264	67,167
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,018,532	822,106	311,543		145,417		62,659
038 RECOVERY ROOM	303,476	49,714	23,170		10,815		5,635
040 ANESTHESIOLOGY	257,734	42,220					
041 RADIOLOGY-DIAGNOSTIC	5,972,771	978,424	217,602		101,569		79,925
042 RADIOLOGY-THERAPEUTIC	1,549,369	253,808	20,729		9,675		8,323
043 RADIOISOTOPE	1,724,043	282,422	32,283		15,069		11,459
044 LABORATORY	3,851,977	631,008	135,907		63,437		36,401
049 RESPIRATORY THERAPY	2,216,001	363,012	128,909		60,170		45,243
050 PHYSICAL THERAPY	3,604,036	590,392	143,942		67,187		79,843
053 ELECTROCARDIOLOGY	299,420	49,049	3,580		1,671		5,044
055 MEDICAL SUPPLIES CHARGED	2,432,947	398,551					
056 DRUGS CHARGED TO PATIENTS	4,441,369	727,558	34,195		15,961		36,297
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	248,217	40,661	13,121		6,124		4,984
061 EMERGENCY	3,393,100	555,837	122,400		57,132		61,364
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	67,493,885	9,493,839	2,612,524	430,032	1,200,092	1,175,514	758,441
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	24,058	3,941	18,227		8,508		
098 PHYSICIANS' PRIVATE OFFIC	44,288	7,255					
098 01 COMMUNITY EDUCATION	48,906	8,011					1,235
098 02 VACANT BUILDINGS	158,179	25,912	159,464		74,432		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	67,769,316	9,538,958	2,790,215	430,032	1,283,032	1,175,514	759,676

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26
	14	15	17	18	20	25	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,852,555						
015 CENTRAL SERVICES & SUPPLY		584,129					
017 MEDICAL RECORDS & LIBRARY			456,765				
018 SOCIAL SERVICE				138,028			
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	855,333	1,898	28,705	82,920		12,570,831	
026 INTENSIVE CARE UNIT	286,776	832	6,690	11,045		3,268,914	
031 SUBPROVIDER	234,817	320	27,157	44,063		6,619,695	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,994	433,089	40,020			6,841,360	
038 RECOVERY ROOM	5,995	1,644	2,616			403,065	
040 ANESTHESIOLOGY		4,110	14,658			318,722	
041 RADIOLOGY-DIAGNOSTIC		1,769	45,501			7,397,561	
042 RADIOLOGY-THERAPEUTIC		31	43,608			1,885,543	
043 RADIOISOTOPE		4	25,454			2,090,734	
044 LABORATORY		116,511	71,314			4,906,555	
049 RESPIRATORY THERAPY		13,447	14,406			2,841,188	
050 PHYSICAL THERAPY			24,124			4,509,524	
053 ELECTROCARDIOLOGY			10,162			368,926	
055 MEDICAL SUPPLIES CHARGED		1,003	37,995			2,870,496	
056 DRUGS CHARGED TO PATIENTS	13,989	7,250	37,276			5,313,895	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		37	861			314,005	
061 EMERGENCY	447,651	2,184	26,218			4,665,886	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,852,555	584,129	456,765	138,028		67,186,900	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						54,734	
098 PHYSICIANS' PRIVATE OFFIC						51,543	
098 01 COMMUNITY EDUCATION						58,152	
098 02 VACANT BUILDINGS						417,987	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,852,555	584,129	456,765	138,028		67,769,316	

COST ALLOCATION - GENERAL SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET B
I		I	TO 3/31/2008	I	PART I

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	01 OLD CAP REL COSTS-NEW ADD	
002	02 OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	12,570,831
026	INTENSIVE CARE UNIT	3,268,914
031	SUBPROVIDER	6,619,695
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	6,841,360
038	RECOVERY ROOM	403,065
040	ANESTHESIOLOGY	318,722
041	RADIOLOGY-DIAGNOSTIC	7,397,561
042	RADIOLOGY-THERAPEUTIC	1,885,543
043	RADIOISOTOPE	2,090,734
044	LABORATORY	4,906,555
049	RESPIRATORY THERAPY	2,841,188
050	PHYSICAL THERAPY	4,509,524
053	ELECTROCARDIOLOGY	368,926
055	MEDICAL SUPPLIES CHARGED	2,870,496
056	DRUGS CHARGED TO PATIENTS	5,313,895
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	314,005
061	EMERGENCY	4,665,886
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	67,186,900
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	54,734
098	PHYSICIANS' PRIVATE OFFIC	51,543
098	01 COMMUNITY EDUCATION	58,152
098	02 VACANT BUILDINGS	417,987
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	67,769,316

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BUI 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-NEW BUI 3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		14,005			872		
006 01 NONPATIENT TELEPHONES					264		
006 02 DATA PROCESSING		928		1,156			
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI				8,193	1,462		
006 05 OTHER ADMINISTRATIVE AND		184,714	87,023	124,947	38,490		
007 MAINTENANCE & REPAIRS		129,395	57,817	43,804	18,991		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		27,409	496	434	1,812		
011 DIETARY		44,055		972	2,918		
012 CAFETERIA		22,713			1,415		
014 NURSING ADMINISTRATION		11,264	5,286	4,047	1,708		
015 CENTRAL SERVICES & SUPPLY		43,555			2,713		
017 MEDICAL RECORDS & LIBRARY		41,542			2,588		
018 SOCIAL SERVICE		1,984			124		
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		61,129	211,327	71,009	27,858		
031 INTENSIVE CARE UNIT				21,419	3,822		
037 SUBPROVIDER		218,163		21,050	17,347		
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				76,321	13,620		
041 RECOVERY ROOM				5,676	1,013		
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC				53,307	9,513		
044 RADIOLOGY-THERAPEUTIC				5,078	906		
049 RADIOISOTOPE				7,909	1,411		
050 LABORATORY		2,384	76,318	9,439	5,942		
053 RESPIRATORY THERAPY			71,082	10,136	5,636		
055 PHYSICAL THERAPY				35,263	6,293		
056 ELECTROCARDIOLOGY				877	157		
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS			27,769		1,495		
062 OUTPAT SERVICE COST CNTRS							
066 CLINIC				3,214	574		
067 EMERGENCY				29,985	5,351		
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		803,240	537,118	534,236	174,295		
098 01 NONREIMBURS COST CENTERS							
098 02 GIFT, FLOWER, COFFEE SHOP				4,465	797		
101 PHYSICIANS' PRIVATE OFFIC							
102 COMMUNITY EDUCATION							
103 VACANT BUILDINGS		80,058		11,118	6,972		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		883,298	537,118	549,819	182,064		

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART II

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT LEPHONES	TE DATA NG	PROCESSI NG	PURCHASING, R ECEIVING AND
		3.02	4	4a	5	6.01		6.02	6.03
001	GENERAL SERVICE COST CNTR								
001	01 OLD CAP REL COSTS-BLDG &								
001	02 OLD CAP REL COSTS-NEW BUI								
002	02 OLD CAP REL COSTS-NEW ADD								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
003	01 NEW CAP REL COSTS-NEW BUI								
003	02 NEW CAP REL COSTS-NEW ADD								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS			14,877	14,877				
006	01 NONPATIENT TELEPHONES			264		264			
006	02 DATA PROCESSING			2,084		2		2,086	
006	03 PURCHASING, RECEIVING AND					1		14	15
006	04 CASHIERING/ACCOUNTS RECEI			9,655	371	8		169	
006	05 OTHER ADMINISTRATIVE AND			435,174	875	21		183	
007	MAINTENANCE & REPAIRS			250,007	300	12		34	
009	LAUNDRY & LINEN SERVICE				27				
010	HOUSEKEEPING			30,151	387	3		7	
011	DIETARY			47,945	241	6		34	
012	CAFETERIA			24,128	211				
014	NURSING ADMINISTRATION			22,305	619	10		54	
015	CENTRAL SERVICES & SUPPLY			46,268	85	1			
017	MEDICAL RECORDS & LIBRARY			44,130	173	14		122	
018	SOCIAL SERVICE			2,108	47	1		7	
020	NONPHYSICIAN ANESTHETISTS								
025	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS			371,323	2,582	28		163	2
026	INTENSIVE CARE UNIT			25,241	657	6		54	1
031	SUBPROVIDER			256,560	1,103	21		297	1
037	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM			89,941	1,029	19		74	8
038	RECOVERY ROOM			6,689	93	1		7	
040	ANESTHESIOLOGY					2			
041	RADIOLOGY-DIAGNOSTIC			62,820	1,312	21		237	
042	RADIOLOGY-THERAPEUTIC			5,984	137	3			
043	RADIOISOTOPE			9,320	188	2			
044	LABORATORY			94,083	598	14		135	1
049	RESPIRATORY THERAPY			86,854	743	23		115	
050	PHYSICAL THERAPY			41,556	1,311	6		149	
053	ELECTROCARDIOLOGY			1,034	83	1		20	
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS			29,264	596	6		61	
060	OUTPAT SERVICE COST CNTRS								
060	CLINIC			3,788	82	3		14	
061	EMERGENCY			35,336	1,007	12		102	2
062	OBSERVATION BEDS (NON-DIS								
062	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS			2,048,889	14,857	247		2,052	15
096	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP			5,262		1			
098	PHYSICIANS' PRIVATE OFFIC					16		34	
098	01 COMMUNITY EDUCATION				20				
098	02 VACANT BUILDINGS			98,148					
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL			2,152,299	14,877	264		2,086	15

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6.04	6.05	7	9	10	11	12
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
003	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI	10,203						
006	05 OTHER ADMINISTRATIVE AND		436,253					
007	MAINTENANCE & REPAIRS		17,962	268,315				
009	LAUNDRY & LINEN SERVICE		2,768		2,795			
010	HOUSEKEEPING		7,993	3,985		42,526		
011	DIETARY		6,937	6,418		1,033	62,614	
012	CAFETERIA		4,585	3,112		501		32,537
014	NURSING ADMINISTRATION		11,314	3,758		605		1,615
015	CENTRAL SERVICES & SUPPLY		3,141	5,968		960		221
017	MEDICAL RECORDS & LIBRARY		2,314	5,692		916		452
018	SOCIAL SERVICE		843	272		44		122
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	647	61,436	61,278	1,679	9,857	37,615	6,756
026	INTENSIVE CARE UNIT	151	17,168	8,408	224	1,353	5,010	1,714
031	SUBPROVIDER	612	33,163	38,157	892	6,139	19,989	2,877
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	901	37,599	29,959		4,820		2,684
038	RECOVERY ROOM	59	2,274	2,228		358		241
040	ANESTHESIOLOGY	330	1,931					
041	RADIOLOGY-DIAGNOSTIC	1,025	44,748	20,925		3,366		3,424
042	RADIOLOGY-THERAPEUTIC	982	11,608	1,993		321		356
043	RADIOISOTOPE	573	12,917	3,104		499		491
044	LABORATORY	1,521	28,859	13,069		2,103		1,559
049	RESPIRATORY THERAPY	324	16,602	12,396		1,994		1,938
050	PHYSICAL THERAPY	543	27,001	13,842		2,227		3,420
053	ELECTROCARDIOLOGY	229	2,243	344		55		216
055	MEDICAL SUPPLIES CHARGED	856	18,228					
056	DRUGS CHARGED TO PATIENTS	840	33,275	3,288		529		1,555
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	19	1,860	1,262		203		214
061	EMERGENCY	591	25,421	11,770		1,894		2,629
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,203	434,190	251,228	2,795	39,777	62,614	32,484
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		180	1,753		282		
098	PHYSICIANS' PRIVATE OFFIC		332					
098	01 COMMUNITY EDUCATION		366					53
098	02 VACANT BUILDINGS		1,185	15,334		2,467		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	10,203	436,253	268,315	2,795	42,526	62,614	32,537

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART II

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		14	15	17	18	20	25	26
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
003	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION	40,280						
015	CENTRAL SERVICES & SUPPLY		56,644					
017	MEDICAL RECORDS & LIBRARY			53,813				
018	SOCIAL SERVICE				3,444			
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	18,598	184	3,379	2,069		577,596	
026	INTENSIVE CARE UNIT	6,235	81	788	276		67,367	
031	SUBPROVIDER	5,106	31	3,197	1,099		369,244	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	174	41,997	4,711			213,916	
038	RECOVERY ROOM	130	159	308			12,547	
040	ANESTHESIOLOGY		399	1,726			4,388	
041	RADIOLOGY-DIAGNOSTIC		172	5,357			143,407	
042	RADIOLOGY-THERAPEUTIC		3	5,134			26,521	
043	RADIOISOTOPE			2,997			30,091	
044	LABORATORY		11,298	8,436			161,676	
049	RESPIRATORY THERAPY		1,304	1,696			123,989	
050	PHYSICAL THERAPY			2,840			92,895	
053	ELECTROCARDIOLOGY			1,196			5,421	
055	MEDICAL SUPPLIES CHARGED		97	4,473			23,654	
056	DRUGS CHARGED TO PATIENTS	304	703	4,388			74,809	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		4	101			7,550	
061	EMERGENCY	9,733	212	3,086			91,795	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	40,280	56,644	53,813	3,444		2,026,866	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						7,478	
098	PHYSICIANS' PRIVATE OFFIC						382	
098	01 COMMUNITY EDUCATION						439	
098	02 VACANT BUILDINGS						117,134	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	40,280	56,644	53,813	3,444		2,152,299	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET B	
I		I	TO 3/31/2008	I	PART II	

TOTAL

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001	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
001 01	OLD CAP REL COSTS-NEW BUI	
001 02	OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003 01	NEW CAP REL COSTS-NEW BUI	
003 02	NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING, RECEIVING AND	
006 04	CASHIERING/ACCOUNTS RECEI	
006 05	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	577,596
026	INTENSIVE CARE UNIT	67,367
031	SUBPROVIDER	369,244
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	213,916
038	RECOVERY ROOM	12,547
040	ANESTHESIOLOGY	4,388
041	RADIOLOGY-DIAGNOSTIC	143,407
042	RADIOLOGY-THERAPEUTIC	26,521
043	RADIOISOTOPE	30,091
044	LABORATORY	161,676
049	RESPIRATORY THERAPY	123,989
050	PHYSICAL THERAPY	92,895
053	ELECTROCARDIOLOGY	5,421
055	MEDICAL SUPPLIES CHARGED	23,654
056	DRUGS CHARGED TO PATIENTS	74,809
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	7,550
061	EMERGENCY	91,795
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	2,026,866
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	7,478
098	PHYSICIANS' PRIVATE OFFIC	382
098 01	COMMUNITY EDUCATION	439
098 02	VACANT BUILDINGS	117,134
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	2,152,299

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B
 I I TO 3/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BUI 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-NEW BUI 3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS						2,466	
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING						163	
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND						32,523	11,541
007 MAINTENANCE & REPAIRS						22,783	7,667
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING						4,826	66
011 DIETARY						7,757	
012 CAFETERIA						3,999	
014 NURSING ADMINISTRATION						1,983	701
015 CENTRAL SERVICES & SUPPLY						7,669	
017 MEDICAL RECORDS & LIBRARY						7,314	
018 SOCIAL SERVICE						349	
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						10,763	28,024
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER						38,412	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY						420	10,121
049 RESPIRATORY THERAPY							9,427
050 PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							3,683
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS						141,427	71,230
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 COMMUNITY EDUCATION							
098 02 VACANT BUILDINGS						14,096	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL						155,523	71,230

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 I I TO 3/31/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA NG	PROCESSI NG	PURCHASING, R ECEIVING AND
	3.02	4	4a	5	6.01		6.02	6.03
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-NEW BUI								
002 OLD CAP REL COSTS-NEW ADD								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BUI								
003 02 NEW CAP REL COSTS-NEW ADD								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS		5,240	7,706	7,706				
006 01 NONPATIENT TELEPHONES		2,600	2,600		2,600			
006 02 DATA PROCESSING	4,777		4,940		17		4,957	
006 03 PURCHASING, RECEIVING AND		84	84		13		32	129
006 04 CASHIERING/ACCOUNTS RECEI	33,849	11,444	45,293	192	77		402	1
006 05 OTHER ADMINISTRATIVE AND	516,236	86,956	647,256	452	209		435	
007 MAINTENANCE & REPAIRS	180,980	57,809	269,239	155	115		80	
009 LAUNDRY & LINEN SERVICE				14				
010 HOUSEKEEPING	1,791	36,522	43,205	200	34		16	
011 DIETARY	4,015	20,914	32,686	125	64		80	
012 CAFETERIA		18,287	22,286	109	4			
014 NURSING ADMINISTRATION	16,719	12,990	32,393	320	94		129	
015 CENTRAL SERVICES & SUPPLY		15,644	23,313	44	13			4
017 MEDICAL RECORDS & LIBRARY		7,688	15,002	90	136		290	
018 SOCIAL SERVICE		272	621	24	13		16	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	293,378	249,480	581,645	1,350	292		386	21
026 INTENSIVE CARE UNIT	88,493	78,968	167,461	340	55		129	8
031 SUBPROVIDER	86,969	92,817	218,198	570	205		710	5
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	315,326	527,750	843,076	532	183		177	51
038 RECOVERY ROOM	23,451	9,678	33,129	48	13		16	2
040 ANESTHESIOLOGY		90,301	90,301		17			4
041 RADIOLOGY-DIAGNOSTIC	220,244	920,896	1,141,140	678	205		563	1
042 RADIOLOGY-THERAPEUTIC	20,981	745,194	766,175	71	26			3
043 RADIOISOTOPE	32,675	241,127	273,802	97	17			1
044 LABORATORY	38,996	139,101	188,638	309	141		322	9
049 RESPIRATORY THERAPY	41,879	113,121	164,427	384	222		274	1
050 PHYSICAL THERAPY	145,690	61,670	207,360	678	64		354	1
053 ELECTROCARDIOLOGY	3,624	19,581	23,205	43	9		48	
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS		11,916	15,599	308	55		145	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	13,280	771	14,051	42	26		32	1
061 EMERGENCY	123,886	50,718	174,604	521	119		241	16
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	2,207,239	3,629,539	6,049,435	7,696	2,438		4,877	129
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	18,448		18,448		9			
098 PHYSICIANS' PRIVATE OFFIC		1,120	1,120		153		80	
098 01 COMMUNITY EDUCATION				10				
098 02 VACANT BUILDINGS	45,935		60,031					
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	2,271,622	3,630,659	6,129,034	7,706	2,600		4,957	129

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
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 I I TO 3/31/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6.04	6.05	7	9	10	11	12
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI	45,965						
006	05 OTHER ADMINISTRATIVE AND		648,352					
007	MAINTENANCE & REPAIRS		26,693	296,282				
009	LAUNDRY & LINEN SERVICE		4,114		4,128			
010	HOUSEKEEPING		11,878	4,400		59,733		
011	DIETARY		10,309	7,087		1,450	51,801	
012	CAFETERIA		6,814	3,437		703		33,353
014	NURSING ADMINISTRATION		16,814	4,149		849		1,655
015	CENTRAL SERVICES & SUPPLY		4,668	6,590		1,349		226
017	MEDICAL RECORDS & LIBRARY		3,438	6,286		1,286		463
018	SOCIAL SERVICE		1,253	300		61		125
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,891	91,331	67,665	2,480	13,849	31,119	6,933
026	INTENSIVE CARE UNIT	674	25,513	9,284	330	1,900	4,145	1,757
031	SUBPROVIDER	2,735	49,285	42,134	1,318	8,623	16,537	2,949
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,031	55,876	33,082		6,770		2,751
038	RECOVERY ROOM	264	3,379	2,460		503		247
040	ANESTHESIOLOGY	1,476	2,870					
041	RADIOLOGY-DIAGNOSTIC	4,583	66,501	23,106		4,729		3,509
042	RADIOLOGY-THERAPEUTIC	4,392	17,251	2,201		450		365
043	RADIOISOTOPE	2,564	19,195	3,428		702		503
044	LABORATORY	7,141	42,888	14,431		2,953		1,598
049	RESPIRATORY THERAPY	1,451	24,673	13,688		2,801		1,986
050	PHYSICAL THERAPY	2,430	40,127	15,285		3,128		3,505
053	ELECTROCARDIOLOGY	1,023	3,334	380		78		221
055	MEDICAL SUPPLIES CHARGED	3,827	27,088					
056	DRUGS CHARGED TO PATIENTS	3,755	49,450	3,631		743		1,593
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	87	2,764	1,393		285		219
061	EMERGENCY	2,641	37,779	12,997		2,660		2,694
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	45,965	645,285	277,414	4,128	55,872	51,801	33,299
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		268	1,935		396		
098	PHYSICIANS' PRIVATE OFFIC		493					
098	01 COMMUNITY EDUCATION		545					54
098	02 VACANT BUILDINGS		1,761	16,933		3,465		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	45,965	648,352	296,282	4,128	59,733	51,801	33,353

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
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COST CENTER DESCRIPTION		NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		14	15	17	18	20	25	26
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION	56,403						
015	CENTRAL SERVICES & SUPPLY		36,207					
017	MEDICAL RECORDS & LIBRARY			26,991				
018	SOCIAL SERVICE				2,413			
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	26,042	118	1,696	1,450		829,268	
026	INTENSIVE CARE UNIT	8,731	52	395	193		220,967	
031	SUBPROVIDER	7,149	20	1,604	770		352,812	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	243	26,845	2,364			975,981	
038	RECOVERY ROOM	183	102	155			40,501	
040	ANESTHESIOLOGY		255	866			95,789	
041	RADIOLOGY-DIAGNOSTIC		110	2,688			1,247,813	
042	RADIOLOGY-THERAPEUTIC		2	2,576			793,512	
043	RADIOISOTOPE			1,504			301,813	
044	LABORATORY		7,222	4,220			269,872	
049	RESPIRATORY THERAPY		833	851			211,591	
050	PHYSICAL THERAPY			1,425			274,357	
053	ELECTROCARDIOLOGY			600			28,941	
055	MEDICAL SUPPLIES CHARGED		62	2,245			33,222	
056	DRUGS CHARGED TO PATIENTS	426	449	2,202			78,356	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		2	51			18,953	
061	EMERGENCY	13,629	135	1,549			249,585	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	56,403	36,207	26,991	2,413		6,023,333	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						21,056	
098	PHYSICIANS' PRIVATE OFFIC						1,846	
098	01 COMMUNITY EDUCATION						609	
098	02 VACANT BUILDINGS						82,190	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	56,403	36,207	26,991	2,413		6,129,034	

ALLOCATION OF NEW CAPITAL RELATED COSTS

IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET B	
I		I	TO 3/31/2008	I	PART III	

TOTAL

27

GENERAL SERVICE COST CNTR		
001	OLD CAP REL COSTS-BLDG &	
001 01	OLD CAP REL COSTS-NEW BUI	
001 02	OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003 01	NEW CAP REL COSTS-NEW BUI	
003 02	NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING, RECEIVING AND	
006 04	CASHIERING/ACCOUNTS RECEI	
006 05	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	829,268
026	INTENSIVE CARE UNIT	220,967
031	SUBPROVIDER	352,812
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	975,981
038	RECOVERY ROOM	40,501
040	ANESTHESIOLOGY	95,789
041	RADIOLOGY-DIAGNOSTIC	1,247,813
042	RADIOLOGY-THERAPEUTIC	793,512
043	RADIOISOTOPE	301,813
044	LABORATORY	269,872
049	RESPIRATORY THERAPY	211,591
050	PHYSICAL THERAPY	274,357
053	ELECTROCARDIOLOGY	28,941
055	MEDICAL SUPPLIES CHARGED	33,222
056	DRUGS CHARGED TO PATIENTS	78,356
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	18,953
061	EMERGENCY	249,585
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	6,023,333
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	21,056
098	PHYSICIANS' PRIVATE OFFIC	1,846
098 01	COMMUNITY EDUCATION	609
098 02	VACANT BUILDINGS	82,190
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	6,129,034

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B-1
 I I TO 3/31/2008 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BUI
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	GENERAL SERVICE COST	1	1.01	1.02	2	3	3.01
001	OLD CAP REL COSTS-BLD	61,874					
001 01	OLD CAP REL COSTS-NEW		32,515				
001 02	OLD CAP REL COSTS-NEW			110,330			
002	OLD CAP REL COSTS-MVB				204,719		
003	NEW CAP REL COSTS-BLD					61,874	
003 01	NEW CAP REL COSTS-NEW						32,515
003 02	NEW CAP REL COSTS-NEW						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS	981			981	981	
006 01	NONPATIENT TELEPHONES				297		
006 02	DATA PROCESSING	65		232		65	
006 03	PURCHASING, RECEIVING						
006 04	CASHIERING/ACCOUNTS R			1,644	1,644		
006 05	OTHER ADMINISTRATIVE	12,939	5,268	25,073	43,280	12,939	5,268
007	MAINTENANCE & REPAIRS	9,064	3,500	8,790	21,354	9,064	3,500
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING	1,920	30	87	2,037	1,920	30
011	DIETARY	3,086		195	3,281	3,086	
012	CAFETERIA	1,591			1,591	1,591	
014	NURSING ADMINISTRATIO	789	320	812	1,921	789	320
015	CENTRAL SERVICES & SU	3,051			3,051	3,051	
017	MEDICAL RECORDS & LIB	2,910			2,910	2,910	
018	SOCIAL SERVICE	139			139	139	
020	NONPHYSICIAN ANESTHET						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	4,282	12,793	14,249	31,324	4,282	12,793
026	INTENSIVE CARE UNIT			4,298	4,298		
031	SUBPROVIDER	15,282		4,224	19,506	15,282	
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			15,315	15,315		
038	RECOVERY ROOM			1,139	1,139		
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			10,697	10,697		
042	RADIOLOGY-THERAPEUTIC			1,019	1,019		
043	RADIOISOTOPE			1,587	1,587		
044	LABORATORY	167	4,620	1,894	6,681	167	4,620
049	RESPIRATORY THERAPY		4,303	2,034	6,337		4,303
050	PHYSICAL THERAPY			7,076	7,076		
053	ELECTROCARDIOLOGY			176	176		
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI		1,681		1,681		1,681
	OUTPAT SERVICE COST C						
060	CLINIC			645	645		
061	EMERGENCY			6,017	6,017		
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	56,266	32,515	107,203	195,984	56,266	32,515
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE			896	896		
098	PHYSICIANS' PRIVATE O						
098 01	COMMUNITY EDUCATION						
098 02	VACANT BUILDINGS	5,608		2,231	7,839	5,608	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	883,298	537,118	549,819	182,064	155,523	71,230
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	14.275754		4.983404		2.513544	
	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED		16.519083		.889336		2.190681
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED						
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER						
	(WRKSHT B, PT III)						

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B-1
 I I TO 3/31/2008 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA NG	PROCESSI NG	PURCHASING, R ECEIVING AND	CASHIERING/AC COUNTS RECEI
		(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NUMBER OF PHONES)	(NUMBER OF PCS)	(PURCHASING SUPPLIES)	(GROSS REVENUE)	
		3.02	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST									
001	OLD CAP REL COSTS-BLD								
001 01	OLD CAP REL COSTS-NEW								
001 02	OLD CAP REL COSTS-NEW								
002	OLD CAP REL COSTS-MVB								
003	NEW CAP REL COSTS-BLD								
003 01	NEW CAP REL COSTS-NEW								
003 02	NEW CAP REL COSTS-NEW	110,330							
004	NEW CAP REL COSTS-MVB		2,028,849						
005	EMPLOYEE BENEFITS		2,928	24,121,279					
006 01	NONPATIENT TELEPHONES		1,453		610				
006 02	DATA PROCESSING	232			4	308			
006 03	PURCHASING, RECEIVING		47		3	2	1,637,801		
006 04	CASHIERING/ACCOUNTS R	1,644	6,395	602,075	18	25	17,657	194,123,238	
006 05	OTHER ADMINISTRATIVE	25,073	48,592	1,417,894	49	27	74		
007	MAINTENANCE & REPAIRS	8,790	32,304	485,893	27	5			
009	LAUNDRY & LINEN SERVI			43,708					
010	HOUSEKEEPING	87	20,409	627,920	8	1			
011	DIETARY	195	11,687	390,602	15	5	451		
012	CAFETERIA		10,219	341,587	1		394		
014	NURSING ADMINISTRATIO	812	7,259	1,002,821	22	8	404		
015	CENTRAL SERVICES & SU		8,742	137,009	3		47,351		
017	MEDICAL RECORDS & LIB		4,296	280,739	32	18			
018	SOCIAL SERVICE		152	75,931	3	1			
020	NONPHYSICIAN ANESTHET								
	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS	14,249	139,412	4,199,219	69	24	263,676	12,199,432	
026	INTENSIVE CARE UNIT	4,298	44,128	1,064,594	13	8	104,118	2,843,363	
031	SUBPROVIDER	4,224	51,867	1,787,018	48	44	69,334	11,541,271	
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	15,315	294,912	1,667,083	43	11	646,641	17,008,237	
038	RECOVERY ROOM	1,139	5,408	149,927	3	1	30,460	1,111,887	
040	ANESTHESIOLOGY		50,461		4		45,830	6,229,692	
041	RADIOLOGY-DIAGNOSTIC	10,697	514,606	2,126,466	48	35	10,570	19,337,610	
042	RADIOLOGY-THERAPEUTIC	1,019	416,422	221,426	6		38,591	18,533,080	
043	RADIOISOTOPE	1,587	134,744	304,886	4		11,931	10,817,805	
044	LABORATORY	1,894	77,731	968,475	33	20	112,927	30,309,703	
049	RESPIRATORY THERAPY	2,034	63,213	1,203,718	52	17	11,778	6,122,364	
050	PHYSICAL THERAPY	7,076	34,462	2,124,281	15	22	11,785	10,252,556	
053	ELECTROCARDIOLOGY	176	10,942	134,190	2	3	4,707	4,318,563	
055	MEDICAL SUPPLIES CHAR							16,147,502	
056	DRUGS CHARGED TO PATI		6,659	965,717	13	9	976	15,841,862	
	OUTPAT SERVICE COST C								
060	CLINIC	645	431	132,613	6	2	11,349	365,859	
061	EMERGENCY	6,017	28,342	1,632,638	28	15	196,797	11,142,452	
062	OBSERVATION BEDS (NON								
	SPEC PURPOSE COST CEN								
095	SUBTOTALS	107,203	2,028,223	24,088,430	572	303	1,637,801	194,123,238	
	NONREIMBURS COST CENT								
096	GIFT, FLOWER, COFFEE	896			2				
098	PHYSICIANS' PRIVATE O		626		36	5			
098 01	COMMUNITY EDUCATION			32,849					
098 02	VACANT BUILDINGS	2,231							
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED	2,271,622	3,630,659	8,483,514	106,258	1,361,082	85,384	2,458,722	
	(WRKSHT B, PART I)								
104	UNIT COST MULTIPLIER		1.789517		174.193443		.052133		
	(WRKSHT B, PT I)	20.589341		.351702		4,419.097403		.012666	
105	COST TO BE ALLOCATED			14,877	264	2,086	15	10,203	
	(WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER				.432787		.000009		
	(WRKSHT B, PT II)			.000617		6.772727		.000053	
107	COST TO BE ALLOCATED			7,706	2,600	4,957	129	45,965	
	(WRKSHT B, PART III)								
108	UNIT COST MULTIPLIER				4.262295		.000079		
	(WRKSHT B, PT III)			.000319		16.094156		.000237	

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B-1
 I I TO 3/31/2008 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		OTHER ADMINIS	MAINTENANCE & LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	
		TRATIVE AND	REPAIRS	EN SERVICE			
	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(MEALS SERVED)	(GROSS SALARIES)
	6a.05	6.05	7	9	10	11	12
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
001 01	OLD CAP REL COSTS-NEW						
001 02	OLD CAP REL COSTS-NEW						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-NEW						
003 02	NEW CAP REL COSTS-NEW						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING						
006 04	CASHIERING/ACCOUNTS R						
006 05	OTHER ADMINISTRATIVE	-9,538,958	58,230,358				
007	MAINTENANCE & REPAIRS		2,397,475				
009	LAUNDRY & LINEN SERVI		137,163				
010	HOUSEKEEPING		369,502	25,793			
011	DIETARY		1,066,833		135,126		
012	CAFETERIA		925,937		3,281	77,379	
014	NURSING ADMINISTRATIO		611,957		1,591		20,211,600
015	CENTRAL SERVICES & SU		1,510,160		1,921		1,002,821
017	MEDICAL RECORDS & LIB		419,265		3,051		137,009
018	SOCIAL SERVICE		308,800		2,910		280,739
020	NONPHYSICIAN ANESTHET		112,583		139		75,931
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS		8,201,464	15,495	31,324	46,485	4,199,219
026	INTENSIVE CARE UNIT		2,291,463	2,064	4,298	6,192	1,064,594
031	SUBPROVIDER		4,426,496	8,234	19,506	24,702	1,787,018
	ANCILLARY SRVC COST C						
037	OPERATING ROOM		5,018,532		15,315		1,667,083
038	RECOVERY ROOM		303,476		1,139		149,927
040	ANESTHESIOLOGY		257,734				
041	RADIOLOGY-DIAGNOSTIC		5,972,771		10,697		2,126,466
042	RADIOLOGY-THERAPEUTIC		1,549,369		1,019		221,426
043	RADIOISOTOPE		1,724,043		1,587		304,886
044	LABORATORY		3,851,977		6,681		968,475
049	RESPIRATORY THERAPY		2,216,001		6,337		1,203,718
050	PHYSICAL THERAPY		3,604,036		7,076		2,124,281
053	ELECTROCARDIOLOGY		299,420		176		134,190
055	MEDICAL SUPPLIES CHAR		2,432,947				
056	DRUGS CHARGED TO PATI		4,441,369	1,681	1,681		965,717
	OUTPAT SERVICE COST C						
060	CLINIC		248,217	645	645		132,613
061	EMERGENCY		3,393,100	6,017	6,017		1,632,638
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	-9,538,958	57,954,927	128,428	25,793	126,391	77,379
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE		24,058	896		896	
098	PHYSICIANS' PRIVATE O		44,288				
098 01	COMMUNITY EDUCATION		48,906				32,849
098 02	VACANT BUILDINGS		158,179	7,839		7,839	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED		9,538,958	2,790,215	430,032	1,283,032	1,175,514
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER		.163814		16.672431		15.191641
	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED		436,253	20.342330	2,795	9.495079	.037586
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER		.007492	268,315	.108363		.809186
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED		648,352	1.956176	4,128	.314714	.001610
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER		.011134	296,282	.160043	59,733	33,353
	(WRKSHT B, PT III)						
				2.160072		.442054	.001650

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET B-1
 I I TO 3/31/2008 I

COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
(DIRECT NUR (TIME (GROSS (PATIENT (ASSIGNED)))))))	HOURS)	SPENT)	REVENUE)	DAYS)	TIME)
	14	15	17	18	20
001 GENERAL SERVICE COST					
001 01 OLD CAP REL COSTS-BLD					
001 02 OLD CAP REL COSTS-NEW					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-NEW					
003 02 NEW CAP REL COSTS-NEW					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 CASHIERING/ACCOUNTS R					
006 05 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIO	27,810				
015 CENTRAL SERVICES & SU		2,817,164			
017 MEDICAL RECORDS & LIB			194,123,238		
018 SOCIAL SERVICE				25,793	
020 NONPHYSICIAN ANESTHET					100
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	12,840	9,156	12,199,432	15,495	
026 INTENSIVE CARE UNIT	4,305	4,015	2,843,363	2,064	
031 SUBPROVIDER	3,525	1,543	11,541,271	8,234	
037 ANCILLARY SRVC COST C					
037 OPERATING ROOM	120	2,088,713	17,008,237		
038 RECOVERY ROOM	90	7,929	1,111,887		
040 ANESTHESIOLOGY		19,824	6,229,692		100
041 RADIOLOGY-DIAGNOSTIC		8,532	19,337,610		
042 RADIOLOGY-THERAPEUTIC		150	18,533,080		
043 RADIOISOTOPE		19	10,817,805		
044 LABORATORY		561,915	30,309,703		
049 RESPIRATORY THERAPY		64,852	6,122,364		
050 PHYSICAL THERAPY			10,252,556		
053 ELECTROCARDIOLOGY			4,318,563		
055 MEDICAL SUPPLIES CHAR		4,839	16,147,502		
056 DRUGS CHARGED TO PATI	210	34,967	15,841,862		
060 OUTPAT SERVICE COST C					
060 CLINIC		177	365,859		
061 EMERGENCY	6,720	10,533	11,142,452		
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	27,810	2,817,164	194,123,238	25,793	100
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
098 01 COMMUNITY EDUCATION					
098 02 VACANT BUILDINGS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	1,852,555	584,129	456,765	138,028	
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		.207346		5.351374	
(WRKSHT B, PT I)	66.614707		.002353		
105 COST TO BE ALLOCATED	40,280	56,644	53,813	3,444	
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER		.020107		.133525	
(WRKSHT B, PT II)	1.448400		.000277		
107 COST TO BE ALLOCATED	56,403	36,207	26,991	2,413	
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.012852		.093553	
(WRKSHT B, PT III)	2.028155		.000139		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,570,831		12,570,831		12,570,831
26	INTENSIVE CARE UNIT	3,268,914		3,268,914		3,268,914
31	SUBPROVIDER	6,619,695		6,619,695		6,619,695
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,841,360		6,841,360		6,841,360
38	RECOVERY ROOM	403,065		403,065		403,065
40	ANESTHESIOLOGY	318,722		318,722		318,722
41	RADIOLOGY-DIAGNOSTIC	7,397,561		7,397,561		7,397,561
42	RADIOLOGY-THERAPEUTIC	1,885,543		1,885,543		1,885,543
43	RADIOISOTOPE	2,090,734		2,090,734		2,090,734
44	LABORATORY	4,906,555		4,906,555	13,500	4,920,055
49	RESPIRATORY THERAPY	2,841,188		2,841,188	9,154	2,850,342
50	PHYSICAL THERAPY	4,509,524		4,509,524		4,509,524
53	ELECTROCARDIOLOGY	368,926		368,926	829	369,755
55	MEDICAL SUPPLIES CHARGED	2,870,496		2,870,496		2,870,496
56	DRUGS CHARGED TO PATIENTS	5,313,895		5,313,895		5,313,895
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	314,005		314,005		314,005
61	EMERGENCY	4,665,886		4,665,886		4,665,886
62	OBSERVATION BEDS (NON-DIS	1,157,199		1,157,199		1,157,199
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	68,344,099		68,344,099	23,483	68,367,582
102	LESS OBSERVATION BEDS	1,157,199		1,157,199		1,157,199
103	TOTAL	67,186,900		67,186,900	23,483	67,210,383

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	10,846,114		10,846,114			
26	INTENSIVE CARE UNIT	2,843,288		2,843,288			
31	SUBPROVIDER	11,541,271		11,541,271			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,853,694	8,654,740	14,508,434	.471544	.471544	.471544
38	RECOVERY ROOM	606,292	2,713,808	3,320,100	.121401	.121401	.121401
40	ANESTHESIOLOGY	1,105,173	1,305,274	2,410,447	.132225	.132225	.132225
41	RADIOLOGY-DIAGNOSTIC	3,790,657	15,188,220	18,978,877	.389779	.389779	.389779
42	RADIOLOGY-THERAPEUTIC	4,243,212	14,065,512	18,308,724	.102986	.102986	.102986
43	RADIOISOTOPE	1,485,851	9,157,911	10,643,762	.196428	.196428	.196428
44	LABORATORY	12,452,669	17,516,160	29,968,829	.163722	.163722	.164172
49	RESPIRATORY THERAPY	4,661,664	1,436,803	6,098,467	.465886	.465886	.467387
50	PHYSICAL THERAPY	5,796,605	4,342,311	10,138,916	.444774	.444774	.444774
53	ELECTROCARDIOLOGY	1,116,241	2,752,973	3,869,214	.095349	.095349	.095563
55	MEDICAL SUPPLIES CHARGED	11,713,347	4,269,665	15,983,012	.179597	.179597	.179597
56	DRUGS CHARGED TO PATIENTS	12,028,626	3,739,651	15,768,277	.336999	.336999	.336999
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,874	361,985	365,859	.858268	.858268	.858268
61	EMERGENCY	3,022,274	7,966,659	10,988,933	.424599	.424599	.424599
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	43,819	1,273,202	1,317,021	.878649	.878649	.878649
101	SUBTOTAL	93,154,671	94,744,874	187,899,545			
102	LESS OBSERVATION BEDS						
103	TOTAL	93,154,671	94,744,874	187,899,545			

Health Financial Systems MCRIF32 FOR HERRIN HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	6,841,360	1,189,897	5,651,463			6,841,360
40	RECOVERY ROOM	403,065	53,048	350,017			403,065
41	ANESTHESIOLOGY	318,722	100,177	218,545			318,722
42	RADIOLOGY-DIAGNOSTIC	7,397,561	1,391,220	6,006,341			7,397,561
43	RADIOLOGY-THERAPEUTIC	1,885,543	820,033	1,065,510			1,885,543
44	RADIOISOTOPE	2,090,734	331,904	1,758,830			2,090,734
49	LABORATORY	4,906,555	431,548	4,475,007			4,906,555
50	RESPIRATORY THERAPY	2,841,188	335,580	2,505,608			2,841,188
53	PHYSICAL THERAPY	4,509,524	367,252	4,142,272			4,509,524
55	ELECTROCARDIOLOGY	368,926	34,362	334,564			368,926
56	MEDICAL SUPPLIES CHARGED	2,870,496	56,876	2,813,620			2,870,496
	DRUGS CHARGED TO PATIENTS	5,313,895	153,165	5,160,730			5,313,895
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	314,005	26,503	287,502			314,005
61	EMERGENCY	4,665,886	341,380	4,324,506			4,665,886
62	OBSERVATION BEDS (NON-DIS	1,157,199	129,508	1,027,691			1,157,199
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	45,884,659	5,762,453	40,122,206			45,884,659
102	LESS OBSERVATION BEDS	1,157,199	129,508	1,027,691			1,157,199
103	TOTAL	44,727,460	5,632,945	39,094,515			44,727,460

Health Financial Systems MCRIF32 FOR HERRIN HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET C
 I I TO 3/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	14,508,434	.471544	.471544
38	RECOVERY ROOM	3,320,100	.121401	.121401
40	ANESTHESIOLOGY	2,410,447	.132225	.132225
41	RADIOLOGY-DIAGNOSTIC	18,978,877	.389779	.389779
42	RADIOLOGY-THERAPEUTIC	18,308,724	.102986	.102986
43	RADIOISOTOPE	10,643,762	.196428	.196428
44	LABORATORY	29,968,829	.163722	.163722
49	RESPIRATORY THERAPY	6,098,467	.465886	.465886
50	PHYSICAL THERAPY	10,138,916	.444774	.444774
53	ELECTROCARDIOLOGY	3,869,214	.095349	.095349
55	MEDICAL SUPPLIES CHARGED	15,983,012	.179597	.179597
56	DRUGS CHARGED TO PATIENTS	15,768,277	.336999	.336999
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	365,859	.858268	.858268
61	EMERGENCY	10,988,933	.424599	.424599
62	OBSERVATION BEDS (NON-DIS	1,317,021	.878649	.878649
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	162,668,872		
102	LESS OBSERVATION BEDS	1,317,021		
103	TOTAL	161,351,851		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET D
 I I TO 3/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL	
		CAPITAL REL COST (8, II) 1	SWING BED ADJUSTMENT 2	CAPITAL REL COST (8, III) 4	SWING BED ADJUSTMENT 5
25	INPAT ROUTINE SRVC CNTRS	577,596		829,268	
26	ADULTS & PEDIATRICS	67,367		220,967	
31	INTENSIVE CARE UNIT	369,244		352,812	
101	SUBPROVIDER				
	TOTAL	1,014,207		1,403,047	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET D
 I I TO 3/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	17,066	11,200	33.84	379,008	48.59	544,208
26	INTENSIVE CARE UNIT	2,064	1,305	32.64	42,595	107.06	139,713
31	SUBPROVIDER	8,234	6,029	44.84	270,340	42.85	258,343
101	TOTAL	27,364	18,534		691,943		942,264

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART II
I	14-0011	I		I	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	213,916	975,981	14,508,434	3,495,374	.014744	51,536
40	RECOVERY ROOM	12,547	40,501	3,320,100	358,721	.003779	1,356
41	ANESTHESIOLOGY	4,388	95,789	2,410,447	648,324	.001820	1,180
42	RADIOLOGY-DIAGNOSTIC	143,407	1,247,813	18,978,877	2,524,289	.007556	19,074
43	RADIOLOGY-THERAPEUTIC	26,521	793,512	18,308,724	2,526,192	.001449	3,660
44	RADIOISOTOPE	30,091	301,813	10,643,762	961,993	.002827	2,720
49	LABORATORY	161,676	269,872	29,968,829	7,791,824	.005395	42,037
50	RESPIRATORY THERAPY	123,989	211,591	6,098,467	2,891,464	.020331	58,786
53	PHYSICAL THERAPY	92,895	274,357	10,138,916	757,336	.009162	6,939
55	ELECTROCARDIOLOGY	5,421	28,941	3,869,214	802,743	.001401	1,125
56	MEDICAL SUPPLIES CHARGED	23,654	33,222	15,983,012	8,538,151	.001480	12,636
60	DRUGS CHARGED TO PATIENTS	74,809	78,356	15,768,277	7,361,990	.004744	34,925
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	7,550	18,953	365,859	1,190	.020636	25
	EMERGENCY	91,795	249,585	10,988,933	1,921,477	.008353	16,050
	OBSERVATION BEDS (NON-DIS	53,170	76,338	1,317,021	43,819	.040371	1,769
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,065,829	4,696,624	162,668,872	40,624,887		253,818

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2008 I PART II
 I 14-0011 I

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.067270	235,134
38	RECOVERY ROOM	.012199	4,376
40	ANESTHESIOLOGY	.039739	25,764
41	RADIOLOGY-DIAGNOSTIC	.065747	165,964
42	RADIOLOGY-THERAPEUTIC	.043341	109,488
43	RADIOISOTOPE	.028356	27,278
44	LABORATORY	.009005	70,165
49	RESPIRATORY THERAPY	.034696	100,322
50	PHYSICAL THERAPY	.027060	20,494
53	ELECTROCARDIOLOGY	.007480	6,005
55	MEDICAL SUPPLIES CHARGED	.002079	17,751
56	DRUGS CHARGED TO PATIENTS	.004969	36,582
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.051804	62
61	EMERGENCY	.022712	43,641
62	OBSERVATION BEDS (NON-DIS	.057963	2,540
	OTHER REIMBURS COST CNTRS		
101	TOTAL		865,566

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 3/31/2008	I PART V
I 14-0011	I	I

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.471544	.471544			
38 RECOVERY ROOM	.121401	.121401			
40 ANESTHESIOLOGY	.132225	.132225			
41 RADIOLOGY-DIAGNOSTIC	.389779	.389779			
42 RADIOLOGY-THERAPEUTIC	.102986	.102986			
43 RADIOISOTOPE	.196428	.196428			
44 LABORATORY	.163722	.163722			
49 RESPIRATORY THERAPY	.465886	.465886			
50 PHYSICAL THERAPY	.444774	.444774			
53 ELECTROCARDIOLOGY	.095349	.095349			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.179597	.179597			
56 DRUGS CHARGED TO PATIENTS	.336999	.336999			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.858268	.858268			
61 EMERGENCY	.424599	.424599			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.878649	.878649			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2008 I PART V
 I 14-0011 I I

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,155,682		718,561	
38 RECOVERY ROOM		780,764		260,254	
40 ANESTHESIOLOGY		332,849		110,949	
41 RADIOLOGY-DIAGNOSTIC		3,574,682		1,191,560	
42 RADIOLOGY-THERAPEUTIC		3,498,973		1,166,324	
43 RADIOISOTOPE		3,037,040		1,012,346	
44 LABORATORY		728,385		242,795	
49 RESPIRATORY THERAPY		435,299		145,100	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		894,235		298,078	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,278,416		426,138	
56 DRUGS CHARGED TO PATIENTS		1,115,400		371,800	
OUTPAT SERVICE COST CNTRS					
60 CLINIC		82,958		27,652	
61 EMERGENCY		1,658,475		552,825	
62 OBSERVATION BEDS (NON-DISTINCT PART)		551,844		183,948	
101 SUBTOTAL		20,125,002		6,708,330	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		20,125,002		6,708,330	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V	
I	14-0011	I		I		

TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,016,499	
38 RECOVERY ROOM				94,786	
40 ANESTHESIOLOGY				44,011	
41 RADIOLOGY-DIAGNOSTIC				1,393,336	
42 RADIOLOGY-THERAPEUTIC				360,345	
43 RADIOISOTOPE				596,560	
44 LABORATORY				119,253	
49 RESPIRATORY THERAPY				202,800	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				85,264	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				229,600	
56 DRUGS CHARGED TO PATIENTS				375,889	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				71,200	
61 EMERGENCY				704,187	
62 OBSERVATION BEDS (NON-DISTINCT PART)				484,877	
101 SUBTOTAL				5,778,607	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				5,778,607	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V	
I	14-0011	I		I		

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYEHospital I/P
Part B ChargesHospital I/P
Part B Costs

Cost Center Description

9.03

10

11

(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	338,833		
38	RECOVERY ROOM	31,595		
40	ANESTHESIOLOGY	14,670		
41	RADIOLOGY-DIAGNOSTIC	464,445		
42	RADIOLOGY-THERAPEUTIC	120,115		
43	RADIOISOTOPE	198,853		
44	LABORATORY	39,751		
49	RESPIRATORY THERAPY	67,600		
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	28,421		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,533		
56	DRUGS CHARGED TO PATIENTS	125,296		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	23,733		
61	EMERGENCY	234,729		
62	OBSERVATION BEDS (NON-DISTINCT PART)	161,626		
101	SUBTOTAL	1,926,200		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES	1,926,200		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2008 I PART II
 I 14-T011 I

PPS

TITLE XVIII, PART A		SUBPROVIDER 1					
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS	213,916	975,981	14,508,434	25,010	.014744	369
38	OPERATING ROOM	12,547	40,501	3,320,100	1,684	.003779	6
40	RECOVERY ROOM	4,388	95,789	2,410,447	4,701	.001820	9
41	ANESTHESIOLOGY	143,407	1,247,813	18,978,877	120,726	.007556	912
42	RADIOLOGY-DIAGNOSTIC	26,521	793,512	18,308,724	62,962	.001449	91
43	RADIOLOGY-THERAPEUTIC	30,091	301,813	10,643,762	5,803	.002827	16
44	RADIOISOTOPE	161,676	269,872	29,968,829	978,152	.005395	5,277
49	LABORATORY	123,989	211,591	6,098,467	309,263	.020331	6,288
50	RESPIRATORY THERAPY	92,895	274,357	10,138,916	3,507,542	.009162	32,136
53	PHYSICAL THERAPY	5,421	28,941	3,869,214	19,044	.001401	27
55	ELECTROCARDIOLOGY	23,654	33,222	15,983,012	445,682	.001480	660
56	MEDICAL SUPPLIES CHARGED	74,809	78,356	15,768,277	1,365,382	.004744	6,477
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,550	18,953	365,859	1,310	.020636	27
61	EMERGENCY	91,795	249,585	10,988,933		.008353	
62	OBSERVATION BEDS (NON-DIS	53,170	76,338	1,317,021		.040371	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,065,829	4,696,624	162,668,872	6,847,261		52,295

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART II
I	14-T011	I		I	

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.067270	1,682
38	RECOVERY ROOM	.012199	21
40	ANESTHESIOLOGY	.039739	187
41	RADIOLOGY-DIAGNOSTIC	.065747	7,937
42	RADIOLOGY-THERAPEUTIC	.043341	2,729
43	RADIOISOTOPE	.028356	165
44	LABORATORY	.009005	8,808
49	RESPIRATORY THERAPY	.034696	10,730
50	PHYSICAL THERAPY	.027060	94,914
53	ELECTROCARDIOLOGY	.007480	142
55	MEDICAL SUPPLIES CHARGED	.002079	927
56	DRUGS CHARGED TO PATIENTS	.004969	6,785
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.051804	68
61	EMERGENCY	.022712	
62	OBSERVATION BEDS (NON-DIS	.057963	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		135,095

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART I
I 14-0011	I	I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	17,066
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,066
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,066
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,200
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,570,831
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,570,831

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,128,314
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,128,314
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.241157
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	593.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,570,831

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART II
I 14-0011	I	I

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	736.60
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,249,920
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,249,920

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	3,268,914	2,064	1,583.78	2,066,833
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				11,124,513
49	TOTAL PROGRAM INPATIENT COSTS				21,441,266

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,105,524
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,119,384
52	TOTAL PROGRAM EXCLUDABLE COST	2,224,908
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	19,216,358

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 3/31/2008	I	PART III
I	14-0011	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,571
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.60
85	OBSERVATION BED COST	1,157,199

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1 COST	2 ROUTINE COST	3 COLUMN 1 DIVIDED BY COLUMN 2	4 TOTAL OBSERVATION BED COST	5 OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	577,596	12,570,831	.045947	1,157,199
87	NEW CAPITAL-RELATED COST	829,268	12,570,831	.065968	1,157,199
88	NON PHYSICIAN ANESTHETIST		12,570,831		1,157,199
89	MEDICAL EDUCATION		12,570,831		1,157,199
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART I
I 14-T011	I	I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,234
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,234
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,234
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,029
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,619,695
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	6,619,695
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,582,040
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,582,040
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.771343
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,042.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,619,695

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM	4/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	3/31/2008	I	PART II
I	14-T011	I			I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	803.95
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,847,015
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,847,015

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				2,475,612
49	TOTAL PROGRAM INPATIENT COSTS				7,322,627

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	528,683
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	187,390
52	TOTAL PROGRAM EXCLUDABLE COST	716,073
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	6,606,554

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM	4/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	3/31/2008	I	PART III
I	14-T011	I			I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	803.95
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	369,244	6,619,695	.055780		
87 NEW CAPITAL-RELATED COST	352,812	6,619,695	.053297		
88 NON PHYSICIAN ANESTHETIST		6,619,695			
89 MEDICAL EDUCATION		6,619,695			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART I
I 14-0011	I	I

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	17,066
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,066
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,066
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	923
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,570,831
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,570,831

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,128,314
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,128,314
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.241157
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	593.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,570,831

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 3/31/2008	I	PART II
I	14-0011	I		I	

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	736.60
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	679,882
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	679,882

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	3,268,914	2,064	1,583.78	148
44	CORONARY CARE UNIT				234,399
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1
49	TOTAL PROGRAM INPATIENT COSTS				914,281

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 3/31/2008	I	PART III
I	14-0011	I		I	

TITLE XIX - I/P

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,571
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.60
85	OBSERVATION BED COST	1,157,199

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2008	I PART I
I 14-T011	I	I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,234
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,234
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,234
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	491
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,582,040
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,582,040
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,042.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 3/31/2008	I	PART II	
I	14-T011	I		I		

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

34

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 3/31/2008	I	PART III	
I	14-T011	I		I		

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68 PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72 PER DIEM CAPITAL-RELATED COSTS

73 PROGRAM CAPITAL-RELATED COSTS

74 INPATIENT ROUTINE SERVICE COST

75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78 INPATIENT ROUTINE SERVICE COST LIMITATION

79 REASONABLE INPATIENT ROUTINE SERVICE COSTS

80 PROGRAM INPATIENT ANCILLARY SERVICES

81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET D-4
I COMPONENT NO:	I TO 3/31/2008	I
I 14-0011	I	I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		7,312,164	
31	INTENSIVE CARE UNIT		1,793,741	
37	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.471544	3,495,374	1,648,223
40	RECOVERY ROOM	.121401	358,721	43,549
41	ANESTHESIOLOGY	.132225	648,324	85,725
42	RADIOLOGY-DIAGNOSTIC	.389779	2,524,289	983,915
43	RADIOLOGY-THERAPEUTIC	.102986	2,526,192	260,162
44	RADIOISOTOPE	.196428	961,993	188,962
49	LABORATORY	.164172	7,791,824	1,279,199
50	RESPIRATORY THERAPY	.467387	2,891,464	1,351,433
53	PHYSICAL THERAPY	.444774	757,336	336,843
55	ELECTROCARDIOLOGY	.095563	802,743	76,713
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.179597	8,538,151	1,533,426
60	DRUGS CHARGED TO PATIENTS	.336999	7,361,990	2,480,983
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	.858268	1,190	1,021
62	EMERGENCY	.424599	1,921,477	815,857
101	OBSERVATION BEDS (NON-DISTINCT PART)	.878649	43,819	38,502
102	OTHER REIMBURS COST CNTRS			
103	TOTAL		40,624,887	11,124,513
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		40,624,887	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 3/31/2008	I	
I	14-T011	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		7,477,444	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.471544	25,010	11,793
38	RECOVERY ROOM	.121401	1,684	204
40	ANESTHESIOLOGY	.132225	4,701	622
41	RADIOLOGY-DIAGNOSTIC	.389779	120,726	47,056
42	RADIOLOGY-THERAPEUTIC	.102986	62,962	6,484
43	RADIOISOTOPE	.196428	5,803	1,140
44	LABORATORY	.164172	978,152	160,585
49	RESPIRATORY THERAPY	.467387	309,263	144,546
50	PHYSICAL THERAPY	.444774	3,507,542	1,560,063
53	ELECTROCARDIOLOGY	.095563	19,044	1,820
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.179597	445,682	80,043
56	DRUGS CHARGED TO PATIENTS	.336999	1,365,382	460,132
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.858268	1,310	1,124
61	EMERGENCY	.424599		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.878649		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		6,847,261	2,475,612
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		6,847,261	

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 3/31/2008	I	PART A
I	14-0011	I		I	

HOSPITAL

FOR CR PERIODS ENDING ON OR
AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 3/31/2008	I PART A
I 14-0011	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	14,059,616	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	16,206,698	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	15,669,928	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,196,074	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	16,866,002	
17 PRIMARY PAYER PAYMENTS	6,965	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	16,859,037	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,731,296	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	54,168	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	415,423	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	290,796	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	15,364,369	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	15,364,369	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,367,542	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-3,173	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	3,327	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 3/31/2008	I	PART B	
I	14-0011	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,778,607	1,926,200
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,207,307	1,402,435
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.804	.804
1.04	LINE 1.01 TIMES LINE 1.03.	4,646,000	1,548,665
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	90.56	90.56
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	394,824	124,296
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,128,862	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,657,551	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,471,311	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	4,471,311	
24	PRIMARY PAYER PAYMENTS	379	
25	SUBTOTAL	4,470,932	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	268,493	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	187,945	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	4,658,877	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	4,658,877	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	5,058,669	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-399,792	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	3,327	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 3/31/2008 I
 I 14-0011 I I

TITLE XVIII HOSPITAL

DESCRIPTION		INPATIENT-PART A		P A R T B	
		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
		1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			14,617,542		5,058,669
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER				
	ADJUSTMENTS TO PROVIDER	.01			
	ADJUSTMENTS TO PROVIDER	.02	2/27/2008	750,000	
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50			
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL			750,000		NONE
4 TOTAL INTERIM PAYMENTS			15,367,542		5,058,669
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	TENTATIVE TO PROGRAM	.99			
SUBTOTAL			NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01			
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02			
BASED ON COST REPORT (1)					
7 TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 3/31/2008 I
 I 14-T011 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,112,256		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		8,112,256		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/17/2008
I 14-0011	I FROM 4/ 1/2007	I WORKSHEET E-3
I COMPONENT NO:	I TO 3/31/2008	I PART I
I 14-T011	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	7,508,895
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0143
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	341,137
1.05	OUTLIER PAYMENTS	415,747
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	8,265,779
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.497268
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	8,265,779
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	8,265,779
7	DEDUCTIBLES	52,864
8	SUBTOTAL	8,212,915
9	COINSURANCE	18,296
10	SUBTOTAL	8,194,619
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	4,322
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,025
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	8,197,644
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 3/31/2008	I	PART	I
I	14-T011	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	8,197,644
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	8,112,256
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	85,388
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
	OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
	OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

BALANCE SHEET

I PROVIDER NO:	I PERIOD:	I PREPARED	8/17/2008
I 14-0011	I FROM 4/ 1/2007	I	
I	I TO 3/31/2008	I	WORKSHEET G

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,310,556			
2	TEMPORARY INVESTMENTS	84			
3	NOTES RECEIVABLE	177,531			
4	ACCOUNTS RECEIVABLE	48,972,170			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34,161,516			
7	INVENTORY	792,568			
8	PREPAID EXPENSES	254,719			
9	OTHER CURRENT ASSETS	2,239,094			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	19,585,206			
FIXED ASSETS					
12	LAND	2,742,610			
12.01					
13	LAND IMPROVEMENTS	3,587,652			
13.01	LESS ACCUMULATED DEPRECIATION	-899,942			
14	BUILDINGS	45,343,959			
14.01	LESS ACCUMULATED DEPRECIATION	-17,218,283			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	129,438			
17.01	LESS ACCUMULATED DEPRECIATION	-55,005			
18	MAJOR MOVABLE EQUIPMENT	18,248,183			
18.01	LESS ACCUMULATED DEPRECIATION	-10,275,458			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	929,687			
21	TOTAL FIXED ASSETS	42,532,841			
OTHER ASSETS					
22	INVESTMENTS	56,498,138			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	404,311			
26	TOTAL OTHER ASSETS	56,902,449			
27	TOTAL ASSETS	119,020,496			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 8/17/2008
 I 14-0011 I FROM 4/ 1/2007 I
 I I TO 3/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,349,776			
29 SALARIES, WAGES & FEES PAYABLE	3,152,102			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	736,935			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,141,922			
35 OTHER CURRENT LIABILITIES	2,127,624			
36 TOTAL CURRENT LIABILITIES	11,508,359			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	31,448,427			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,761,273			
42 TOTAL LONG-TERM LIABILITIES	33,209,700			
43 TOTAL LIABILITIES	44,718,059			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	74,302,437			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	74,302,437			
52 TOTAL LIABILITIES AND FUND BALANCES	119,020,496			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET	G-1
I		I	TO 3/31/2008	I		

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
	3	4
1 FUND BALANCE AT BEGINNING		72,066,108
2 OF PERIOD		
3 NET INCOME (LOSS)		2,236,330
4 TOTAL		74,302,438
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		74,302,438
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14 ROUNDING	1	
15		
16		
17		
18 TOTAL DEDUCTIONS		1
19 FUND BALANCE AT END OF		74,302,437
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
	7	8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14 ROUNDING		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET	G-2
I		I	TO 3/31/2008	I	PARTS I & II	

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	12,199,432		12,199,432
2 00 SUBPROVIDER	11,541,271		11,541,271
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	23,740,703		23,740,703
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,843,288		2,843,288
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,843,288		2,843,288
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	26,583,991		26,583,991
17 00 ANCILLARY SERVICES	69,694,127	97,845,121	167,539,248
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	96,278,118	97,845,121	194,123,239

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	64,419,217
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	64,419,217

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM 4/ 1/2007	I	WORKSHEET	G-3
I		I	TO 3/31/2008	I		

DESCRIPTION		
1	TOTAL PATIENT REVENUES	194,123,239
2	LESS: ALLOWANCES AND DISCOUNTS ON	119,082,878
3	NET PATIENT REVENUES	75,040,361
4	LESS: TOTAL OPERATING EXPENSES	64,419,217
5	NET INCOME FROM SERVICE TO PATIENT	10,621,144
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	1,554,124
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	9,354
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	152,256
15	REVENUE FROM RENTAL OF LIVING QU	170,837
16	REVENUE FROM SALE OF MEDICAL & S	1,828
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	70,433
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	72,732
24	MISCELLANEOUS	77,728
25	TOTAL OTHER INCOME	2,109,292
26	TOTAL	12,730,436
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	188,165
28	CORPORATE ALLOCATION	8,160,936
29	CONTRIBUTIONS TO AFFILIATES	2,145,005
30	TOTAL OTHER EXPENSES	10,494,106
31	NET INCOME (OR LOSS) FOR THE PERIO	2,236,330

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/17/2008
I	14-0011	I	FROM	4/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO	3/31/2008	I	PARTS I-IV
I	14-0011	I			I	

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,173,469
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	22,605
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	47.98
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,196,074

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	